

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10828653 FILING DATE _____
APPLICANT(S) _____

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
| 1 | 1 | | | | | |
| 2 | | 1 | | | | |
| 3 | | 1 | | | | |
| 4 | | 1 | | | | |
| 5 | | 1 | | | | |
| 6 | | 1 | | | | |
| 7 | | 1 | | | | |
| 8 | | 1 | | | | |
| 9 | | 1 | | | | |
| 10 | | 1 | | | | |
| 11 | | 1 | | | | |
| 12 | | 6 | | | | |
| 13 | | 6 | | | | |
| 14 | 1 | | | | | |
| 15 | | 1 | | | | |
| 16 | | 1 | | | | |
| 17 | | 1 | | | | |
| 18 | | 1 | | | | |
| 19 | | 1 | | | | |
| 20 | | 1 | | | | |
| 21 | | 7 | | | | |
| 22 | | 7 | | | | |
| 23 | | 7 | | | | |
| 24 | | 1 | | | | |
| 25 | | 1 | | | | |
| 26 | | 1 | | | | |
| 27 | 1 | | | | | |
| 28 | | 1 | | | | |
| 29 | | 1 | | | | |
| 30 | | 1 | | | | |
| 31 | | 1 | | | | |
| 32 | | 1 | | | | |
| 33 | | 1 | | | | |
| 34 | | 1 | | | | |
| 35 | | 1 | | | | |
| 36 | | 7 | | | | |
| 37 | | 1 | | | | |
| 38 | | 1 | | | | |
| 39 | | 1 | | | | |
| 40 | | 5 | | | | |
| 41 | | 5 | | | | |
| 42 | | 1 | | | | |
| 43 | 1 | | | | | |
| 44 | | 1 | | | | |
| 45 | | 1 | | | | |
| 46 | | 1 | | | | |
| 47 | | 1 | | | | |
| 48 | | 1 | | | | |
| 49 | | 1 | | | | |
| 50 | | 1 | | | | |
| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

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| 51 | | 1 | | | | |
| 52 | | 1 | | | | |
| 53 | 1 | | | | | |
| 54 | | 1 | | | | |
| 55 | | 1 | | | | |
| 56 | | 1 | | | | |
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| 58 | | 1 | | | | |
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| 99 | | | | | | |
| 100 | | | | | | |
| TOTAL IND. | 7 | | | | | |
| TOTAL DEP. | 89 | | | | | |
| TOTAL CLAIMS | 96 | | | | | |